

## **Belove Chiropractic Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Belove Chiropractic is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

### **Disclosure of Your Health Care Information**

#### **Treatment**

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. (EXAMPLE)

*“On occasion, it may be necessary to seek consultation regarding your condition from healthcare providers associated with Belove Chiropractic”*

*“It is our policy to provide substitute health care provider, authorized by Belove Chiropractic to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situations”*

#### **Payment**

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. (EXAMPLE)

*“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Belove Chiropractic for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe which procedure(s) were received.”*

#### **Workers’ Compensation**

We may disclose your health information as necessary to comply with State Workers’ Compensation Laws.

### **Emergencies**

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

### **Public Health**

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the food and drug administration problems with products and reactions to medications, and reporting disease or infecting exposure.

### **Judicial and Administrative Proceedings**

We may disclose your health information in the course of any administrative or judicial proceeding.

### **Law Enforcement**

We may disclose your health information to a law enforcement official for purposes such as identifying or location a suspect fugitive, material witness or missing person, comply with a court order or subpoena, and other law enforcement purposes.

### **Deceased Persons**

We may disclose your health information to coroners or medical examiners.

### **Organ Donation**

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs or tissues.

### **Research**

We may disclose your health information to researchers conducting research that has been approved by an institutional Review Board.

### **Public Safety**

It may be necessary to disclose you health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of a particular person or the general public.

### **Specialized Government Agencies**

We may disclose your health information for military, national security, prisoner and government benefit purposes.

### **Marketing**

We may contact you for marketing purposes or fundraising purposes, as described below:  
(EXAMPLE)

*“As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home we will leave a message on your answer machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your appointment and a request for a call at our office if you need to cancel or reschedule your appointment”*

*“It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times we may send you a letter, postcard, invitation or call your home to invite you to participate in the charitable activity. We provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is our policy to disclose any personal health information about your condition for the purpose of Belove Chiropractic sponsored fund raising events.”*

### **Change of Ownership**

In the event Belove Chiropractic is sold or merged with another organization, your health information/record will become property of the new owner.

### **Your Health Information Rights**

You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Belove Chiropractic is not required to agree to the restriction requested.

You have the right to have your health information received or communicated through alternative methods or sent to an alternative location other than the usual method of communication or delivery, upon your request.

You have the right to inspect and copy your health information.

You have the right to request that Belove Chiropractic amend your protected health information. Please be advised, however, that Belove Chiropractic is not required to agree to amend your protected health information. If your request to amend your protected health information has been denied, you will be provided with an explanation of our denial reasons and information about how you can disagree with the denial.

You have the right to receive an accounting of disclosures of your protected health information made by Belove Chiropractic.

You have a right to a paper copy of this Privacy Practices at any time upon request.

Changes to this notice of Privacy Practices

Belove Chiropractic reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Belove Chiropractic is required by law to comply with this Notice.

Belove Chiropractic is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this privacy practice, or if you want more information about your privacy rights, please contact Rochelle Belove by calling this office at (949) 222-2215. If Rochelle Belove is not available, you may make an appointment for a personal conference in person or over the phone within two working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a form of complaint to:

DHHS, Office of civil rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

**Signature Page**

This notice is effective as of \_\_\_\_/\_\_\_\_/\_\_\_\_

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Belove Chiropractic with my authorization and consent to use and disclose my protected health information for the purposes of treatment, payment and healthcare operations as described in the Privacy Notice.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Date: \_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date: \_\_\_\_\_  
Guardian of Patient Signature (If Applicable)

\_\_\_\_\_  
Date: \_\_\_\_\_  
Authorized Facility Signature